

CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

WALTER M. DICKIE, M.D., Director

Weekly Bulletin



STATE BOARD OF PUBLIC HEALTH

HOWARD MORROW, M.D., San Francisco, President EDWARD M. PALLETTE, M.D., Los Angeles, Vice President
GEO. H. KRESS, M.D., Los Angeles JUNIUS B. HARRIS, M.D., Sacramento WM. R. P. CLARK, M.D., San Francisco
GIFFORD L. SOBEY, M.D., Paso Robles WALTER M. DICKIE, M.D., Sacramento
Executive Officer

SAN FRANCISCO

State Office Building, McAllister and
Larkin Streets UNDERHILL 8700

SACRAMENTO

State Office Building, 10th and L Streets
Capital 2800

LOS ANGELES

State Office Building, 217 West First
Street MADISON 1271

Entered as second-class matter February 21, 1922, at the post office at Sacramento, California, under the Act of August 24, 1912.
Acceptance for mailing at special rate of postage provided for in Section 1103, Act of October 3, 1917.

Vol. XIV, No. 47

December 21, 1935

GUY P. JONES
EDITOR

RABIES

(Continued from last issue)

The mortality from rabies is influenced by a number of factors, such as species of biting animal, depth and location of wounds, extent and thoroughness of first aid treatment of wound, injury through bare skin, the interval between exposure and the institution of prophylaxis, and the methods of prophylaxis. According to McKendrick, League of Nations' Bulletin of December, 1934, the ratio of mortality among those with deep wounds to that among persons receiving superficial wounds is approximately 4.4 to 1. The greater number of wounds occurs on the extremities, and the mortality ratio between head and extremity wounds is 22 to 1; between head and trunk injuries 5 to 1; and between trunk and extremities about even. The shorter period of incubation in the case of bites near the brain and the higher mortality in such cases among those receiving prophylaxis lends credence to the belief that the virus travels along the nerve trunks. Moreover, the shorter the distance to be traversed by the rabies virus, the shorter will be the latent period and the less time there will be for the establishment of immunity through prophylactic vaccination, thus rendering immediate and thorough cauterization with nitric acid mandatory. Long-haired dogs have rabies less frequently than short-haired ones, infectious saliva being removed mechanically by the hair. Clothing acts similarly in preventing the entrance of saliva into the tissues. Persons

who wear little clothing have a higher mortality from bites of rabid animals. The death ratio between those bitten on the bare skin and those bitten through clothing is approximately 9 to 1.

Practically all of the bites in our series of cases have been inflicted by dogs, but there is the occasional cat bite which is usually very severe.

A number of persons have been given prophylaxis after having attempted treatment of cows, horses, or goats for certain alleged illness, thus smearing their hands with saliva from the animals, which were suffering from rabies.

Vaccination against canine rabies is generally regarded as being in the experimental stage and, despite the claims of a few enthusiastic advocates, reliance should not at present be placed in this measure.

Summary

We have traced the history of rabies from the time of its first appearance in Los Angeles in 1898, at which time it was put under control in three months by muzzling and impounding and kept so until 1909, when another outbreak occurred, which was suppressed until 1922, when it again broke out with renewed vigor. The same muzzling and impounding ordinances were on the statute books but could not be enforced so the disease spread like wildfire throughout the city and over the county and has continued as a major problem ever since.

Medical School Library
University of California
JAN 1 1936

We explained in detail our only alternative in the way of control measures, that of following in the wake of the disease, rounding up rabid dogs and contacts and treating their victims; and that this method, while it kept down the *mortality*, did not control the dog population and that the area continued to be and is at the present time overrun with stray dogs—the great disseminators of rabies.

During the last five years there were 14,030 people bitten by dogs in Los Angeles County Health Department area, and they had their wounds cauterized mostly in our health centers. Out of this number 2216 received Pasteur prophylaxis.

One of the worst infested areas within our jurisdiction was the Belvedere district, an unincorporated area of 80,000 population bordering Los Angeles city on the east. This area was overrun by stray dogs and rabid dogs were appearing in increasing numbers from the first of the year in spite of all our efforts at control. This reached a climax in April, 1935, during which month 24 rabid dogs were encountered and 93 persons were bitten. An aroused public backing up the efforts of the health officials, who were ably assisted by D. Karl Meyers, prevailed upon those in authority to order the placing of an absolute quarantine on the stricken area on April 20th last. This quarantine was executed with vigor and dispatch. Provisions were also made for pick up and impounding of stray dogs and within slightly more than a month over 1000 stray dogs—each a potential case of rabies—were gathered up and impounded and within a brief period rabies has been practically suppressed in the district. To date 2154 live dogs have been picked up and 419 dead ones—cause of death unknown—possibly a considerable number may have died from rabies.

This experience shows definitely what health officials can accomplish when they have the cooperation of the public and the law enforcement agencies, plus adequate personnel and equipment. Thus we see Belvedere district has been largely cleared of rabies but, so long as adjoining infested areas remain uncontrolled, the good results of our efforts can be maintained only with great difficulty. It is our opinion that the only way rabies can be materially reduced in southern California is to do for the entire area precisely what was done in Belvedere. It is imperative that the territory and the various political subdivisions thereof be attacked at the same time, as there is obviously little to be gained by cleaning up one spot and then having it overrun with stray rabid dogs from surrounding territory.

Under our new county dog licensing ordinance (N. S. 2550) just now being made ready for enforce-

ment, we shall be able to do a great deal in the way of cleaning up the unincorporated area, but with various contiguous municipalities without adequate control measures, the results can only be minimum.

What we need and must have in order to approach the desired results is a general quarantine under state law for the whole infested area with adequate provisions for "pick up and impounding." Then, and not until then, can rabies be controlled.

I wish to say in conclusion, however, that I am firmly of the opinion that ONLY BY MUZZLING OF ALL DOGS AT LARGE AND THE HUMANE DESTRUCTION OF ALL STRAY AND UNWANTED DOGS CAN WE COMPLETELY AND PERMANENTLY ERADICATE THIS DISEASE FROM SOUTHERN CALIFORNIA.

GEO. H. ROTH, M.D., Director,
Bureau of Communicable Disease Control,
Los Angeles County Health Department.

SUMMARY OF RABIES SITUATION IN BELVEDERE DISTRICT

Month 1935	Rabid animals	Per- sons bitten	Pasteur treatments started	Stray dogs picked up	Dead animals collected
January -----	3	44	12	--	--
February -----	1	47	11	--	--
March -----	8	55	10	--	--
April -----	24	93	28	115*	--
May -----	8	88	14	581	69
June -----	2	56	9	481	83
July -----	0	39	7	353	71
August -----	1	48	7	285	83
<hr/>					
Totals-----	47	470	98	1815	306

* From April 20th.

Man's intellectual and spiritual destiny is in no small degree determined by what and how he reads. As reading is a mark of civilized peoples, so it is of individuals who grow and progress. Its importance, which arose with the art of writing, mounted rapidly after the invention of printing, and reached its present climax through the wide diffusion of books.—Leon J. Richardson.

The joy of creation is so exalted that it has been called divine. Next to it is the joy of coming to know what has been wrought and thought by the most highly endowed members of the race. Through them and their achievements we discern powers and qualities latent within ourselves. The more we understand, the more we appreciate and the richer life becomes.—Leon J. Richardson.

LIGHTING THE SCHOOLROOM

Of all management of our school plants and equipment, lighting adjustment probably is the most neglected. Seldom is heat regulation harmfully overlooked; in some schools it is automatic by use of thermostats. Janitor service is generally good, cleanliness being universally practiced. Ventilation, never a very difficult problem in this climate, receives adequate attention. Seat adjustments, furniture construction, and the like, are generally satisfactory. Water supplies and toilets rate high in most of our schools.

But lighting remains a problem. It cannot be fixed and dismissed from the mind. Automatic control has not been perfected. It requires daily—sometimes hourly—attention. Fogs, storms, the swing of the sun during the school day—all may alter the schoolroom lighting without the busy teacher becoming aware of the change. Too dim or too intense illumination, cross-lighting, objectionable shadows and reflections—these may be distinctly harmful, resulting in serious permanent injury to the children.

Intensity: The eye can safely accommodate itself to a wide range in the amount of light if the other desirable conditions are met. There are now available small portable light meters at moderate prices for measuring the intensity of illumination. Every school should have one of these instruments for the use of the teacher. The County Health Department owns two and their use is being demonstrated to principals, teachers or trustees upon request. **Too little light for** reading or for finer work is a common defect in our classrooms, particularly in the case of children seated far from the windows.

Source: Windows should be on one side of the classroom or side and rear—not both sides. Seating should be arranged so that the light strikes the child's desk from the left and rear. He should not face the light. The windows should extend upward to the ceiling (13 ft.) so that the light may be cast to the opposite side of the room (window area, 20% to 25% of the floor area).

Control of the amount and the distribution of light is essential. Two roller shades are needed. These should be hung at the middle of the window frame—one pulling upward, the other downward. Varnished furniture or walls are bad. Light reflected from these or from glossy blackboards or framed pictures may strike the child or his work in a very harmful direction or intensity. Walls and ceilings should be of soft, light shades. Placing of trees in the school grounds should always take into consideration the damage that may result from reducing the room light.

Only low shrubs should be within 50 feet of classroom windows. The proper regulation of light should be part of the health education of every teacher.—Dr. R. C. Main, Health Officer, Santa Barbara County.

DISEASES REPORTABLE IN CALIFORNIA

REPORTABLE ONLY

ANTHRAX	MALARIA*
BERIBERI	PELLAGRA
BOTULISM	PNEUMONIA (Lobar)
COCCIDIOIDAL GRANULOMA	RELAPSING FEVER
DENGUE*	ROCKY MOUNTAIN SPOTTED FEVER
FLUKE INFECTION	SEPTIC SORE THROAT
FOOD POISONING	TETANUS
GLANDERS***	TRICHINOSIS
HOOKWORM	TULAREMIA
JAUNDICE (Infectious)	UNDULANT FEVER

ISOLATION OF PATIENT

CHICKENPOX**	OPHTHALMIA NEONATORUM
DYSENTERY (Amoebic)	PSITTACOSIS
DYSENTERY (Bacillary)	RABIES (Animal)**
ERYSIPelas	RABIES (Human)
GERMAN MEASLES**	SYPHILIS
GONOCOCCUS INFECTION	TRACHOMA
INFLUENZA	TUBERCULOSIS
MEASLES**	WHOOPING COUGH**
MUMPS**	

QUARANTINABLE

CHOLERA***	SCARLET FEVER
DIPHTHERIA	SMALLPOX
ENCEPHALITIS (Epidemic)	TYPHOID AND PARATYPHOID FEVER
LEPROSY	TYPHUS FEVER
MENINGITIS (Epidemic)	YELLOW FEVER***
PLAQUE***	
ACUTE ANTERIOR POLIOMYELITIS	

* Patients should be kept in mosquito-free room.

** Nonimmune contacts isolated also.

*** Cases to be reported to State Department of Public Health by telephone or telegraph and special instructions will be issued.

“Poor posture” is a sign that the child needs a careful and complete medical examination to discover the underlying cause of poor posture. The “poor posture,” like toothache, is really nature's warning that something is wrong and the child needs the physician's help to discover what that “something” is and to tell him how to correct it. When the cause is removed or corrected, the poor posture usually disappears. Treat the child, not the posture.

Some of the grotesque attitudes in which children sit or lie have a real purpose back of them, for they relax the child's tired muscles and let him “rest up” most quickly.—LeRoy A. Wilkes, M.D.

Leisure, like wealth, comes to him who has skill in planning; it is seldom put to good uses if it is ill got. It will do the possessor most good who has earned it. To have it and not use it makes a miser. To misuse it makes a spendthrift. To use it well is the mark of a wise man.—Leon J. Richardson.

MORBIDITY

Complete Reports for Following Diseases for Week Ending December 14, 1935

Chickenpox

578 cases: Alameda County 2, Alameda 1, Berkeley 30, Emeryville 4, Oakland 42, Colusa County 1, Colusa 3, Contra Costa County 7, Hercules 2, Pinole 4, Pittsburg 2, Walnut Creek 10, Placerville 5, Fresno County 8, Fresno 12, Selma 1, El Centro 1, Kern County 19, Bakersfield 1, Los Angeles County 26, Alhambra 5, Burbank 4, Covina 1, Culver City 4, Glendale 18, Long Beach 1, Los Angeles 55, Monrovia 1, Montebello 2, Pasadena 3, Pomona 1, Santa Monica 9, Whittier 3, Maywood 5, Madera County 1, Merced County 2, Merced 1, Alturas 1, Orange County 7, Orange 2, Santa Ana 18, Placentia 1, San Clemente 1, Riverside County 6, Beaumont 1, Hemet 1, Riverside 1, Sacramento 19, San Bernardino County 5, Ontario 2, San Bernardino 6, San Diego 79, San Francisco 39, San Joaquin County 3, Stockton 13, Tracy 2, San Mateo County 4, Santa Barbara 8, Santa Maria 1, Santa Clara County 3, Los Gatos 5, Palo Alto 1, San Jose 22, Willow Glen 1, Redding 3, Stanislaus County 4, Riverbank 4, Sutter County 1, Tulare County 2, Lindsay 1, Ventura County 3, Oxnard 2, Santa Paula 1, Yolo County 2, Woodland 6.

Diphtheria

50 cases: Hayward 1, Oakland 1, Fresno County 1, Kern County 3, Corcoran 1, Los Angeles County 1, Glendale 1, Los Angeles 10, Pasadena 2, San Gabriel 1, Pacific Grove 1, Santa Ana 1, Riverside County 2, Riverside 2, Sacramento 2, San Bernardino County 2, Colton 2, Ontario 1, Chula Vista 1, San Diego 1, San Francisco 1, Stockton 1, Burlingame 1, San Jose 6, Watsonville 1, Tulare County 1, Santa Paula 1, Yuba County 1.

German Measles

116 cases: Alameda County 3, Alameda 1, Berkeley 4, Hayward 4, Oakland 4, Contra Costa County 17, Walnut Creek 2, Fresno County 3, Inyo County 3, Bishop 35, Los Angeles County 1, Long Beach 1, Los Angeles 3, Pasadena 1, Pomona 1, Maywood 1, Huntington Beach 1, Santa Ana 11, Tustin 2, Sacramento 2, Chula Vista 5, San Diego 2, San Francisco 6, Menlo Park 1, Palo Alto 1, Woodland 1.

Influenza

33 cases: Los Angeles County 3, Glendale 1, Long Beach 2, Los Angeles 20, South Gate 1, Santa Ana 1, Riverside 1, Turlock 1, Dinuba 3.

Measles

258 cases: Alameda County 5, Albany 8, Berkeley 8, Hayward 1, Oakland 8, Piedmont 3, Chico 1, Pittsburg 1, Fresno 6, Redley 1, Imperial County 1, Los Angeles County 9, El Segundo 1, Glendale 3, Hermosa 1, Los Angeles 28, Manhattan 8, Pasadena 1, Pomona 3, Redondo 6, San Fernando 1, Madera 2, Fort Bragg 1, Modoc County 1, Alturas 4, Monterey County 3, Carmel 2, Salinas 6, Riverside County 1, Sacramento 1, San Bernardino 4, San Diego 3, San Francisco 43, San Luis Obispo County 1, Belmont 1, Santa Barbara County 2, Lompoc 9, Santa Barbara 1, Santa Clara County 4, Palo Alto 1, San Jose 3, Santa Clara 1, Sunnyvale 3, Willow Glen 1, Ventura County 9, Oxnard 1, Santa Paula 2, Yolo County 20, Winters 2, Woodland 21, California 1.*

Mumps

337 cases: Alameda 1, Berkeley 3, Oakland 58, Chico 3, Colusa 2, Martinez 1, Pinole 1, Richmond 2, Placerville 1, Fresno County 12, Fresno 15, Eureka 5, Kern County 17, Lake County 7, Lassen County 3, Los Angeles County 7, Claremont 3, Long Beach 10, Los Angeles 14, Pasadena 3, Pomona 10, Santa Monica 3, Torrance 1, Mariposa County 1, Salinas 1, Calistoga 1, Orange County 2, Santa Ana 1, Riverside County 2, Beaumont 5, Corona 54, Riverside 9, Sacramento 37, San Bernardino County 1, San Diego 2, San Francisco 2, Stockton 10, San Luis Obispo 1, Santa Barbara 4, Santa Clara County 1, San Jose 5, Watsonville 7, Siskiyou County 1, Oakdale 1, Riverbank 1, Sutter County 2, Lindsay 1, Ventura County 2, Woodland 1.

Pneumonia (Lobar)

90 cases: Alameda 1, Berkeley 2, Emeryville 1, Oakland 2, Colusa 1, Contra Costa County 1, Fresno County 1, Fresno 3, Eureka 1, Westmoreland 2, Los Angeles County 6, Huntington Park 1, Long Beach 1, Los Angeles 35, Pasadena 3, Redondo 2, Whittier 1, Bell 1, Marin County 1, Orange County 1, Santa Ana 2, Riverside County 5, Corona 2, Sacramento County 1, San Bernardino County 1, San Diego 1, San Francisco 10, San Luis Obispo County 1.

Scarlet Fever

350 cases: Albany 1, Berkeley 4, Oakland 17, Piedmont 1, Amador County 3, Chico 1, Contra Costa County 3, Martinez 1, Fresno County 8, Fresno 3, Humboldt County 2, El Centro 1, Bishop 3, Kern County 7, Los Angeles County 39, Alhambra 7, Avalon 2, Burbank 1, Glendale 2, Hermosa 1, Huntington Park 3, Long Beach 3, Los Angeles 73, Pasadena 3, Pomona 1, Redondo 3, San Gabriel 1, Santa Monica 3, Lynwood 1, Haw-

* Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

thorne 3, South Gate 2, Monterey Park 3, Gardena 1, Madera County 2, Madera 3, Mariposa County 4, Merced County 2, Orange County 2, Santa Ana 2, La Habra 1, Laguna Beach 3, Plumas County 8, Riverside County 3, Corona 1, Riverside 1, Sacramento 27, San Bernardino County 2, Colton 1, San Bernardino 4, Chula Vista 1, San Diego 6, San Francisco 29, San Joaquin County 1, San Mateo County 2, Redwood City 1, San Mateo 2, Santa Barbara County 1, Santa Clara County 2, San Jose 4, Santa Cruz County 2, Santa Cruz 1, Solano County 1, Stanislaus County 2, Oakdale 1, Turlock 3, Patterson 1, Sutter County 1, Tulare County 6, Lindsay 1, Ventura County 2, Santa Paula 1, Yolo County 4, Davis 1, Yuba County 1.

Smallpox

3 cases: Inglewood 1, Monterey County 2.

Typhoid Fever

17 cases: Fresno County 2, Kern County 1, Kings County 2, Hanford 4, Los Angeles 1, Pasadena 1, Monterey County 1, Beaumont 1, Santa Clara County 2, Stanislaus County 1, Tulare 1.

Whooping Cough

163 cases: Alameda 3, Albany 1, Berkeley 10, Oakland 22, Fresno County 2, Los Angeles County 4, Beverly Hills 5, Culver City 2, El Monte 4, Huntington Park 1, Long Beach 4, Los Angeles 19, San Fernando 2, Alturas 3, Soledad 1, Fullerton 1, Sacramento 2, San Bernardino 1, Chula Vista 6, San Diego 8, San Francisco 26, Stockton 10, San Luis Obispo County 2, Arroyo Grande 4, Santa Barbara 1, Santa Clara County 1, San Jose 6, Santa Cruz County 2, Watsonville 10.

Meningitis (Epidemic)

7 cases: Oakland 2, Richmond 1, Los Angeles 3, Vernon 1.

Dysentery (Amoebic)

8 cases: Los Angeles County 1, San Francisco 4, San Jose 2, Petaluma 1.

Dysentery (Bacillary)

2 cases: Santa Clara County.

Pellagra

2 cases: Riverside County 1, San Francisco 1.

Poliomyelitis

7 cases: Berkeley 1, Kern County 1, Los Angeles County 1, Los Angeles 1, Merced 1, Siskiyou County 2.

Tetanus

One case: Sacramento.

Trichinosis

One case: Shasta County.

Botulism

10 cases: San Francisco.

Food Poisoning

36 cases: Los Angeles County 7, San Diego 2, San Francisco 27.

Undulant Fever

6 cases: Gridley 1, Montebello 1, Riverside 1, South San Francisco 2, Petaluma 1.

Septic Sore Throat (Epidemic)

8 cases: Kern County 1, Lake County 1, Los Angeles County 1, Riverside County 1, Santa Barbara County 2.

Rabies (Animal)

14 cases: Los Angeles County 3, Culver City 1, Los Angeles 6, San Diego 2, Stockton 2.

In sports and elsewhere you will do best by keeping body and mind relaxed. Go as fast as you like, but do not hurry.—Leon J. Richardson.

U. S. MEDICAL SCHOOL
LIBRARY
PARNASSUS & THIRD AVES
SAN FRANCISCO CALIF